



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
018501-009600US

In re Application of Gish, et al.

Application Number 09/702,216 Filed October 30, 2000

For NOVEL METHODS OF DIAGNOSING BREAST CANCER COMPOSITIONS, AND METHODS OF SCREENING FOR BREAST CANCER MODULATORS

Group Art Unit
1645

Examiner

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This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55 .

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.

I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). 52,190 .

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

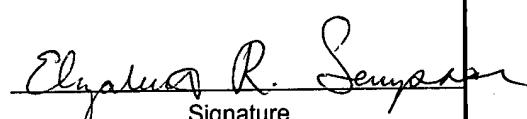
January 21, 2003

Date

01/28/2003 HVOU01G1 00000094 201430 09702216

01 FC:2251

55.00 CH


Signature

Elizabeth R. Sampson, Reg. No. 52,190

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

SF 1424905 v1

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FEES TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 55)

METHOD OF PAYMENT (check all that apply)

Check Credit Card MoneyOrder Other None
 Deposit Account:

Deposit Account Number 20-1430

Deposit Account Name Townsend and Townsend and Crew LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fees from below	Fee Paid
Total Claims				
Independent Claims				
Multiple Dependent				

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

** or number previously paid, if greater; For Reissues, see above

Complete If Known

Application Number	09/702,216
Filing Date	October 30, 2000
First Named Inventor	Gish, Kurt C.
Examiner Name	Arun Chakrabarti
Group Art Unit	1634
Attorney Docket No.	018501-009600US

FEE CALCULATION (continued)					
3. ADDITIONAL FEES					
Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	
		1051	130	Surcharge - late filing fee or oath	
		1052	50	Surcharge - late provisional filing fee or cover sheet.	
		1053	130	Non-English specification	
		1812	2,520	For filing a request for reexamination	
		1804	920*	Requesting publication of SIR prior to Examiner action	
		1805	1,840*	Requesting publication of SIR after Examiner action	
		1251	110	Extension for reply within first month	55
		1252	410	Extension for reply within second month	
		1253	930	Extension for reply within third month	
		1254	1,450	Extension for reply within fourth month	
		1255	1,970	Extension for reply within fifth month	
		1401	320	Notice of Appeal	
		1402	320	Filing a brief in support of an appeal	
		1403	280	Request for oral hearing	
		1451	1,510	Petition to institute a public use proceeding	
		1452	110	Petition to revive - unavoidable	
		1453	1,300	Petition to revive - unintentional	
		1501	1,300	Utility issue fee (or reissue)	
		1502	470	Design issue fee	
		1503	630	Plant issue fee	
		1460	130	Petitions to the Commissioner	
		1807	50	Petitions related to provisional applications	
		1806	180	Submission of Information Disclosure Stmt	
		8021	40	Recording each patent assignment per property (times number of properties)	
		1809	750	Filing a submission after final rejection (37 CFR § 1.129(a))	
		1810	750	For each additional invention to be examined (37 CFR § 1.129(b))	
		1801	750	Request for Continued Examination (RCE)	
		1802	900	Request for expedited examination of a design application	
		Other fee (specify) _____			
		*Reduced by Basic Filing Fee Paid			
		SUBTOTAL (3) (\$55)			

SUBMITTED BY					
Name (Print/Type)		Elizabeth R. Sampson	Registration No. (Attorney/Agent)	52,190	Telephone 415-576-0200
Signature		Elizabeth R. Sampson		Date	January 21, 2003

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